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APPLICATION NO.	FILING	G DATE	FIRST NAMED INVENTOR.	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/849,064	09/849,064 05/04/2001		Thomas M. Westerkamp	PNI 001 P2	8169
29673	7590	10/19/2006		EXAMINER	
	& SHOWAL		GOTTSCHALK, MARTIN A		
7019 CORPORATE WAY DAYTON, OH 45459-4238				ART UNIT	PAPER NUMBER
,				3694	
				DATE MAILED: 10/19/2006	

Please find below and/or attached an Office communication concerning this application or proceeding.

		Application No.	Applicant(s)				
Office Action Summer		09/849,064	WESTERKAMP ET AL.				
	Office Action Summary	Examiner	Art Unit				
		Martin A. Gottschalk	3626				
Period fo	The MAILING DATE of this communication app or Reply	pears on the cover sheet with the c	orrespondence address				
WHIC - Exter after - If NC - Failu Any	ORTENED STATUTORY PERIOD FOR REPLY CHEVER IS LONGER, FROM THE MAILING DANSIONS OF TIME MAILING DANSIONS OF THE MAILING THE MAI	ATE OF THIS COMMUNICATION 36(a). In no event, however, may a reply be tim vill apply and will expire SIX (6) MONTHS from , cause the application to become ABANDONE	L. nely filed the mailing date of this communication. D (35 U.S.C. § 133).				
Status							
	Responsive to communication(s) filed on 20 Ju	ılv 2006					
·	· · · —	action is non-final.					
′=	Since this application is in condition for allowance except for formal matters, prosecution as to the merits is						
ا (۵	closed in accordance with the practice under <i>Ex parte Quayle</i> , 1935 C.D. 11, 453 O.G. 213.						
· _	ion of Claims						
•	Claim(s) <u>17-30</u> is/are pending in the application.						
	4a) Of the above claim(s) is/are withdrawn from consideration.						
5)	Claim(s) is/are allowed.						
•	Claim(s) <u>17-30</u> is/are rejected.						
7)	Claim(s) is/are objected to.						
8)	Claim(s) are subject to restriction and/o	r election requirement.					
Applicati	ion Papers						
9) The specification is objected to by the Examiner.							
10)	The drawing(s) filed on is/are: a) acc	epted or b) objected to by the I	Examiner.				
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).							
	Replacement drawing sheet(s) including the correct						
11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.							
Priority ι	under 35 U.S.C. § 119						
 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f). a) All b) Some * c) None of: 1. Certified copies of the priority documents have been received. 2. Certified copies of the priority documents have been received in Application No. 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)). * See the attached detailed Office action for a list of the certified copies not received. 							
2) Notic 3) Inform	t(s) te of References Cited (PTO-892) te of Draftsperson's Patent Drawing Review (PTO-948) mation Disclosure Statement(s) (PTO-1449 or PTO/SB/08) r No(s)/Mail Date	4) Interview Summary Paper No(s)/Mail Da 5) Notice of Informal P 6) Other:					

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DETAILED ACTION

Notice to Applicant

Claims 17-30 are pending. Claims 17-18 are currently amended; claims
 20-22 are original; claims 23-30 are new. Claims 1-16 are cancelled.

Specification

2. The objection to the specification in the first Office Action is hereby withdrawn pursuant to Applicant's amendment to the abstract, which is hereby acknowledged.

Claim Rejections - 35 USC § 112

- 3. The following is a quotation of the second paragraph of 35 U.S.C. 112:
 The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.
- A. Claim 20 recites the limitation "said encryption device". There is insufficient antecedent basis for this limitation in the claim.
- 4. The rejection of claim 4 in the first Office Action is hereby withdrawn in view of the claim being cancelled.

Claim Rejections - 35 USC § 103

5. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

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(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

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- 6. The factual inquiries set forth in *Graham* v. *John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:
 - 1. Determining the scope and contents of the prior art.
 - 2. Ascertaining the differences between the prior art and the claims at issue.
 - 3. Resolving the level of ordinary skill in the pertinent art.
 - 4. Considering objective evidence present in the application indicating obviousness or nonobviousness.
- 7. Claims 17-20, 23-27, 29, and 30 are rejected under 35 U.S.C. 103(a) as being unpatentable over Provost et al (US Pat# 6,341,265, hereinafter Provost) in view of Garcia (US Pat# 5,065,315, hereinafter Garcia).
- A. As per claim 17, Provost discloses a system for managing healthcare patient claims comprising:

a plurality of healthcare providers for providing medical services to patients (col 7, lns 1-14);

a plurality of payors having a contractual association with individual ones of the patients and with the plurality of healthcare providers for making payments to the healthcare providers based on services provided to the patients (Provost: col 2, Ins 52-64; col 7, Ins 14-20; col 9, Ins 44-51;);

predetermined payor information requirements which the healthcare provider must provide to the payor regarding patients prior to the healthcare provider receiving payment from the payor (Provost: col 8, Ins 40-58; col 12, Ins 39-46; Figs 4A and 4B), where at least two of the payors have predetermined payor information requirements that are different from each other (Provost: col 9, Ins 30-35);

a centralized management unit separate from the plurality healthcare providers and separate from the payors, the centralized management unit comprising a database management software system (Fig 1, col 7, lns 40-63, note "'remote server'" and "distributed environment.");

a communications network between the centralized management unit and each of the healthcare providers, the communications network connecting the database management system with each of the patient account software systems of the healthcare providers (Provost: col 3, Ins 39-45);

and

said centralized management unit accessing patient account information from the patient account software systems of each of the healthcare providers, identifying missing information from the patient

accounts with reference to payor information requirements corresponding to respective payors and generating and transmitting a notification to each of the healthcare providers of the missing information required prior to billing for medical services (Provost: col 6, Ins 12-21; col 10, Ins 17-63).

Provost fails to explicitly disclose the remaining features of the claim which are disclosed by Garcia who teaches

each healthcare provider having a patient account software system for monitoring and maintaining individual patient accounts associated with a respective healthcare provider wherein patient information is input to the patient account software system at the healthcare provider (Garcia: col 4, lns 28-53; col 7, lns 20-25; Figs 2 and 3).

It would have been obvious at the time of the invention to one of ordinary skill in the art to combine the teachings of Provost and Garcia to simplify the maintenance of medical records by reducing the associated paper work associated, thus increasing the efficiency of a health providers operations, including billing (Garcia: col 2, Ins 24-41).

Note: In the subsequent claim rejections combining the teachings of Provost and Garcia, the same motivation applies as above, is incorporated therein, and will not be repeated.

B. As per claim 18, Provost discloses the system of claim 17 wherein the notification comprises

information relating to at least one of

a checklist,

an alert (Provost: col 10, Ins 53-63),

and

an edit

relating to information required for payment from a healthcare payor.

C. As per claim 19, Provost discloses the system of claim 17, wherein the centralized management unit

stores patient account data received from the healthcare provider (Provost: col 8, Ins 59-66, data received reads on "patient identifier," and note that in order for the disclosed comparison to occur, this data must be stored, at least in the processor, see Fig 1, item 16)

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whereby a healthcare provider can outsource any portion or all of its patient accounts for management by the centralized management unit (Provost: col 2, Ins 52-57, note that this passage identifies the portion of the accounts management that will be outsourced, i.e. the "investigation" component; col 10, Ins 2-16 demonstrates the outsourcing of the investigation function.).

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D. As per claim 20, Provost discloses the system of claim 17 wherein said communications network comprises

the Internet (Provost: col 6, Ins 49-58).

E. As per claim 23, Provost disclose the system of claim 17, wherein

the centralized management system provides to each of the healthcare providers the notification as a listing of a plurality of patient accounts with an identification of the missing information associated with each account services (Provost: col 6, Ins 12-21; col 10, Ins 17-23 and 59-63).

F. As per claim 24, Provost discloses the system of claim 17, wherein the notification comprises

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identification of potential authorization problems, including identifying a requirement to contact a payor for authorization to extend benefits (Provost: col 9, Ins 3-6, reads on "...takes steps to advise the patient...").

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G. As per claim 25, Provost discloses the system of claim 17, wherein the notification comprises

identification of potential benefit problems, including identification of a lack of adequate benefits contractually offered by a payor for a predetermined medical service (Provost: col 10, Ins 9-16).

H. As per claim 26, Provost disclose the system of claim 17, wherein the plurality of payors comprise

a plurality of insurance providers having different payor information requirements (Provost: col 2, Ins 7-10), and the centralized management unit retrieves patient account information from the healthcare providers and, for each patient account, applies payor information requirements specific to a patient's insurance provider to that patient's account, and subsequently forwards the notifications to the healthcare providers (Provost: col 6, Ins 12-29).

I. As per claim 27, Provost fails to explicitly disclose the features of the claim, however, these features are well known in the art as evidenced by the teachings of Garcia who teaches the system of claim 17, wherein the centralized management unit further comprises

a plurality of computer workstations for monitoring information transferred to the centralized management unit from the healthcare providers and for transferring information, including the notifications, to the healthcare providers (Garcia: Fig 1; col 7, lns 43-58).

J. As per claims 29 and 30, Provost fails to explicitly disclose the features of the claim, however, these features are well known in the art as evidenced by the teachings of Garcia who teaches

(claim 29) the system of claim 17, wherein

the notifications are generated based on information from predetermined flashpoints in the lifecycle of patient accounts maintained in the healthcare provider patient account software system (See claim 30 for "flashpoints.")

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(claim 30) the system of claim 29, wherein

the centralized management unit obtains information at predetermined points in time defined by the following flashpoints:

- a) Pre-registration, defined as a contact point prior to the time at which medical services are provided to a patient (Garcia: Fig 1, item 22. col 3, lns 60-66, i.e. the doctor's office visit is a type of pre-registration, prior to the time at which medical services are provided to the patient at the hospital.);
- b) Admission/Registration, defined as a point at which a patient arrives for service at a healthcare facility (Garcia: Fig 1, item 18; col 3, In 66 to col 5, In 42);
- c) In-House, defined as a time period from beginning of clinical service through patient's exiting the healthcare facility (Garcia: Fig 1, items 12 and 14, col 5, ln 43 to col 7, ln 58);

- d) Discharge, defined as a point at which the patient leaves the healthcare facility (Garcia: Fig 1, item labeled "Discharge Planning"; col 7, In 59, to col 9, In 3);
- e) Suspense, defined as a predetermined time period after discharge and before a minimum billing point (see "Follow-Up/Collection");
- f) Billing, defined as a point at which an electronic or hardcopy bill is sent to a payor (see next item);

and

g) Follow-Up/Collection, defined as a post billing period of activity affecting patient accounts (Garcia: Fig 1, item labeled "Billing." The Examiner notes that many patients have their hospital bills paid by a third party payer, thus bills are not presented on discharge, but rather are mailed or otherwise submitted to the payer. The Examiner respectfully submits that any lag time between the discharge and bill submission constitutes a "suspense phase." Once the bill to the

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payer is sent, if the bill is not immediately paid, the Examiner respectfully submits that this would constitute the commencement of a follow-up/collections phase.).

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- 8. Claims 21 and 28 are rejected under 35 U.S.C. 103(a) as being unpatentable over Provost in view of Garcia as applied respectively to claims 17 and 27 above, and further in view of Filler (US PG Pub# 2001/0051881, hereinafter Filler).
- A. (claim 21) the system of claim 17 wherein said encryption device comprises

a firewall VPN router (Filler: Fig 20B, "VPN Firewall"; [0016]).

(claim 28) the system of claim 27, including

a plurality of encryption devices for establishing an encrypted session over the communications network and including a means for authenticating the plurality of computer workstations in the centralized management unit (Filler: [0016]; Fig 20B).

It would have been obvious at the time of the invention to one of ordinary skill in the art to combine the teachings of Filler with the collective teachings of Provost and Garcia with the motivation of providing a single repository of patient information enabling sharing of the data amongst the various health care and diagnostic service providers who might need to access the data, but who are often located at remote locations from one another (Filler: [0003]).

- 9. Claim 22 is rejected under 35 U.S.C. 103(a) as being unpatentable over Provost in view of Garcia as applied to claims 17 above, and further in view of Yu et al (US Pat# 5,930,804, hereinafter Yu).
- A. As per claim 22, Provost and Garcia fail to disclose the features of the claim, however, these features are well known in the art as evidenced by the teachings of Yu who discloses

the system of claim 17 wherein

digital certificates are used to authenticate managers in the centralized management unit (Yu: col 12, Ins 33-42).

It would have been obvious at the time of the invention to one of ordinary skill in the art to combine the teachings of Yu with the collective teachings of

Provost and Garcia with the motivation of providing enhanced computer security beyond password-only authentication (Yu: col 2, Ins 48).

Response to Arguments

10. In the response filed 07/20/2006, Applicant's arguments with respect to claim 17 on pages 7-9 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

11. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

12. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Martin A. Gottschalk whose telephone number is (571) 272-7030. The examiner can normally be reached on Mon - Thurs 8:30 -6 and alternate Fri 8:30 - 5.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571) 272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

MG

09/25/2006

JOSEPH THOMAS

SUPERVISORY PATENT EXAMINER